



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

Ms. Deborah A. Light, LPN/PCHA
Brookline at Mifflintown, Inc.
8796 Route 219
Brockway, Pennsylvania 15824

RE: Brookline Retirement Village
92 Village Drive
Mifflintown, Pennsylvania 17059
License #: 302270

Dear Ms. Light:

As a result of the Department of Human Services' annual licensing inspections on December 21, 2015 and December 22, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 30227 - 12/21/2015 - Gensil, Lori
PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The record for the fire drills conducted in June, July and August of 2015 do not include the amount of time for evacuation and the exit routes used.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

POC: Unable to change what is done

Plan - Monthly fire drills will be conducted monthly as required state form is being utilized with all information completed on the form to include evacuation time and exits being used for each drill.

The Administrator will be present along with Maint. worker to time and monitor drill. The Administer and Maint. worker will complete the fire drill record together making sure it is totally and accurately completed.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* PCHA/LPN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ruby Cook PCHA/LPN Date 4/4/16.

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-6-16 (Date)

The above plan of correction was approved by BE (Initials)

Plan of correction implementation status as of 4-6-16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented